

DISTRICT OF COLUMBIA HIV/AIDS 1115 DEMONSTRATION

FACT SHEET

Name of Section 1115 Demonstration:	HIV/AIDS Demonstration
Date Initial Proposal Submitted:	September 29, 2000
Date Initial Proposal Approved:	January 19, 2001
Date Amendment Submitted:	June 19, 2002
Date Amendment Approved:	September 16, 2002
Implemented:	Pending – Approved for Implementation on 9/3/02

SUMMARY

The District of Columbia's 1115 Demonstration will enhance Medicaid access for low-income HIV-infected individuals. Upon implementation, the project will provide a full range of Medicaid benefits for the District's HIV positive population whose income is up to 100% of the Federal Poverty Level.

The demonstration will expand access to those without health insurance, allow individuals to become eligible for treatment through the demonstration without having to spend down income or resources, and also allow individuals to be involved in gainful activity. The intent of the demonstration is to provide more effective, early treatment of HIV disease by making available all Medicaid services, including anti-retroviral therapies. The District believes that early treatment provided to individuals with HIV/AIDS will reduce expensive hospitalizations and improve the quality of life for individuals who are able to enroll in the demonstration.

ELIGIBILITY

The District will include in the demonstration individuals who are HIV positive and whose family income is up to 100 percent of the Federal Poverty Level (FPL). Individuals who, through the course of the demonstration, become eligible for non-demonstration Medicaid will be enrolled in the non-demonstration Medicaid program.

BENEFIT PACKAGE

Demonstration enrollees will be eligible for all Medicaid benefits including anti-retroviral therapies. All services will be available to the demonstration enrollees regardless of whether they are related to the treatment of HIV disease.

ENROLLMENT/DISENROLLMENT PROCESS

A single point of entry system will be implemented to automatically perform eligibility determinations for all program, enroll clients appropriately, and generate Notices of Action to clients. Demonstration enrollees receive a benefit and enrollment packet that is identical to that sent to all new Medicaid clients. Ryan White case managers are trained and utilized as the principal outreach agents for the demonstration.

The calculation of an enrollment ceiling will be based on the savings achieved by the District through the purchase of HIV-related drugs under the Federal Supply Schedule. It is expected that the enrollment cap will range between 200 to 400 individuals throughout the demonstration. With this enrollment cap, the District can freeze new enrollment, but can not disenroll those currently in the demonstration program.

DELIVERY SYSTEM

The District will serve expansion enrollees via the existing fee-for-service delivery system. The District will not allow demonstration enrollees to be served in capitated health plans. The fee-for-service network was deemed most adequate to address the tailored needs of HIV positive beneficiaries. The District will be contracting with selected pharmacy providers in order to distribute HIV-related pharmaceuticals procured through the Federal Supply Schedule.

QUALITY ASSURANCE

The District will conduct consumer satisfaction surveys and monitor consumer information through a semi-annual recertification process. In addition, the demonstration population will be included in the District's quality monitoring of the entire Medicaid population.

COST SHARING

Not Applicable.

MODIFICATIONS

The District submitted an amendment on June 19, 2002 and it was approved on September 16, 2002 in order to allow the District to contract with selected pharmacy providers in order to distribute HIV-related pharmaceuticals procured under the Federal

Supply Schedule to the entire Medicaid populations as well as the demonstration enrollees.

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